

DEPARTMENT OF THE NAVY

COMMANDER NAVAL AIR FORCE
UNITED STATES ATLANTIC FLEET
1279 FRANKLIN STREET
NORFOLK, VIRGINIA 23511-2494

COMMANDER NAVAL AIR FORCE
UNITED STATES PACIFIC FLEET
BOX 357051
SAN DIEGO, CALIFORNIA 92135-7051

COMNAVAIRLANTINST 1301.6G/
COMNAVAIRPACINST 1301.9A
NAVAIRLANT N02M
NAVAIRPAC N01M
JAN 31 2001

COMNAVAIRLANT INSTRUCTION 1301.6G/COMNAVAIRPAC INSTRUCTION 1301.9A

Subj: AVIATION MEDICINE SUPPORT FOR AT-SEA CARRIER OPERATIONS

Ref: (a) OPNAVINST 3710.7R
(b) OPNAVINST 3750.6Q
(c) COMNAVAIRLANTINST 5420.5C/COMNAVAIRPACINST 5420.2B
(d) BUMEDINST 6320.66B
(e) CINCLANTFLTINST 6320.2
(f) COMNAVAIRLANTINST 6320.8
(g) COMNAVAIRPACINST 6320.4C
(h) OPNAVINST 3120.32C

1. Purpose. To set forth procedures to ensure sufficient aviation medicine support is embarked during carrier landing qualification periods and other at-sea periods. Due to extensive revision, paragraph markings have been omitted. This is a complete revision and should be reviewed in its entirety.

2. Cancellation. COMNAVAIRLANTINST 1301.6F/COMNAVAIRPACINST 1301.9

3. Background. The at-sea carrier operating environment requires augmented aviation medicine support as naval aircrews undergo critical training for day and night landing qualification and requalification per reference (a). The high tempo of operations offers a significant risk for mishaps making hazard identification essential for safe flight operations per reference (b).

Per reference (c), human factors councils and boards may be required for incidents during the at-sea training periods, requiring flight surgeons with carrier experience. The risk of mass casualty situations and ongoing support of unit aviation programs for aircrew and maintenance personnel requires embarked aviation medicine support.

JAN 31 2001

4. Action

a. General. The ship's medical complement shall be augmented with at least one flight surgeon and one hospital corpsman (aviation medicine technician, NEC 8406) during carrier qualifications. Under normal conditions, flight surgeons and hospital corpsmen shall accompany their units when participating in at-sea exercises.

b. Health Care Provider Privileging. Flight surgeons under Temporary Additional Duty (TAD) orders to aircraft carriers shall be privileged per reference (d).

(1) NAVAIRLANT Flight Surgeons. Privileging of NAVAIRLANT flight surgeons will also be in accordance with references (e) and (f).

(2) NAVAIRPAC Flight Surgeons. Privileging of NAVAIRPAC flight surgeons will also be in accordance with reference (g).

(3) NAVAIRRES Flight Surgeons. Per reference (d), the Centralized Credentials Review and Privileging Department (CCPD) shall be queried by Reserve Readiness Commands (REDCOMS) to determine if a reservist is privileged before processing training or support requests. At least five days prior to embarkation of reserve flight surgeons performing AT, ADSW, IDTT or ADT, a Credentials Transfer Brief (CTB), specified in reference (d), will be forwarded to Commander in Chief, U.S. Atlantic Fleet (N02MC) or Commander Naval Air Force, U.S. Pacific Fleet (N01M) as appropriate. The ship shall forward a Performance Appraisal Report (PAR) for inclusion in the practitioner's Individual Credentials File (ICF) upon completion of the TAD period. Multiple at-sea periods may be combined under one PAR.

c. Pre-Sail/Pre-Qualification Conference. The Commanding Officer of the ship shall ensure pre-qualification and pre-sail conferences include discussion of the medical augmentation deemed necessary and the Air Wing Commander/Carrier qualification Officer-in-Charge meets these requirements.


d. Air Wing Commander/Carrier Qualification Officer-in-Charge. The Air Wing Commander/CARQUAL OIC shall resolve any conflicts, ensure the availability of required medical personnel and designate unit or units to furnish the required personnel. When participating units are unable to comply, the Air Wing Commander/CARQUAL OIC shall notify COMNAVAIRLANT (N02M)/COMNAVAIRPAC (N01M), as appropriate, in time to institute appropriate action.

JAN 31 2001

e. Organizational Relationships. Per reference (h), embarked flight surgeons report to the senior medical officer on matters pertaining to sanitation, health, medical treatment and fitness of Air Wing personnel to control aircraft. During at-sea periods, onboard turnover is the expected procedure for medical personnel. Flight surgeons and hospital corpsmen shall not depart the ship during at-sea periods and deployments without approval of the ship's senior medical officer.



E. C. NEIDLINGER
Chief of Staff



T. J. KILCLINE
Chief of Staff

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